EXHIBIT C

FORM B10 (Official Form 10) (10/05)

	cial i offi 10/ (10/05)				
UNTID STATES	BANKRUPICY COURT	Dis7	TRICT C	OF Nevada	PROOF OF CLAIM
Name of Dubtor		Case !	Number		
USAC	Commercial Mortgage Compar	14		-10725-LBR	<i>(</i>
NOTE This form s	should not be used to make a claim for an adminis	istrative expe			
	quest for payment of an administrative expense ma				
Name of Creditor (The parties or other entity to whom the	Che	at hox if	f you are aware that anyone	-
Name of Creditor ((The person or other entity to whom the y or property)	else	has filed	d a proof of claim relating to	
l _		your	r claım 🛭 A	Attach copy of statement	
Taul Usic	er, an unmarried man		ng particu ok box if		
	where notices should be sent			f you have never received any the bankruptcy court in this	
Paul Osta	er cess	ra case	;		
Mammoth	Lakes, CA 132110	1		f the address differs from the he envelope sent to you by	
Telephone number	760 934-3026	1	ress on th court.	e envelope som to 100 01	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a	account or other number by which creditor	Chec	ck here	replaces	
identifies debtor		ıf th	ns claım		iled claim dated
1 Basis for Cl	laım	<u></u>	R	Retiree benefits as defined in	
Goods			Ηw	Wages salaries and compens	sation (fill out below)
Service	es performed		Li	ast four digits of your SS #	
✓ Money	loaned			Inpaid compensation for services	
	al injury/wrongful death		fr	rom(date)	
Other -	See Exhibit A			(date)	(date)
2 Date debt w	was incurred	3.	If cov	irt judgment, date obtained	ad
	15t 16, 2004			It jung	
4 Classification of	of Claim Check the appropriate box or boxes th	hat best des	cribe you	air claim and state the amoun	of the claim at the time case filer
See reverse side	for important explanations	at vec-		ured Claim	Of the claim of the
Unsecured Nonr	priority Claim \$ 150,000 65	,			
		ur claım, or	a righ	Check this box if your claim ht of setoff)	is secured by collateral (including
b) your claim exce	oox if a) there is no collateral or lien securing you eeds the value of the property securing it, or if c) claim is entitled to priority	none or			
				Brief Description of Collater	eral r Vehicle Other———
Unsecured Priori		,	-		The state of the s
Check this bo entitled to priority	ox if you have an unsecured claim all or part of w	which is	l		
ì		,	Amou	unt of arrearage and other chared claim if any \$ 4,0	arges at time case filed included in
Amount entitled to	priority \$	1	<u> </u>	···	
Specify the priority of	f the claim		Up to \$7	2,225* of deposits toward pr	urchase lease, or rental of property
Domestic supr	port obligations under 11 USC \ 507(a)(1)(A) o		or service § 507(a)	ices for personal family or he	ousehold use - 11 U S C
(a)(1)(B)	W. Vonganie	г			11110 (8 507(9)(8)
Wages salarie	es or commissions (up to \$10,000),* earned within	m 180 -			nental units - 11 USC § 507(a)(8)
days before filing o	of the bankruptcy petition or cessation of the debter is earlier - 11 USC § 507(a)(4)	tor s			oh of 11 USC § 507(a)()
l —					1/1/07 and every 3 years thereafter or after the date of adjustment
	s to an employee benefit plan - 11 USC \$ 507(a	a)())			
5 Total Amou	unt of Claim at Time Case Filed	\$_	<i>154, c</i> (unsecum		(priority) (Total)
interest or addi	x if claim includes interest or other charges in additional charges.		e princip	pal amount of the claim Atta	(priority) (Total) ach itemized statement of all
6 Credits Th	he amount of all payments on this claim has been	n credited a	nd dedu	ected for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proc	oof of claim				THIS STRUCT TO THE SAVORE STRUCT
7 Supporting D	Occuments Attach copies of supporting documents	ients, such i	as promi	issory notes, purchase	1
orders invoices	s itemized statements of running accounts contra	racts court j	judgmen	nts, mortgages, security	
documents are	d evidence of perfection of lien DO NOT SEN not available explain If the documents are voluments.	D ORIGIN	IAL DU	CUMENTS If the	
	not available explain if the documents are volumed. Copy To receive an acknowledgment of the fi				- ~ ~ M
addressed envel	i Copy To receive an acknowledgment of the fill lope and copy of this proof of claim	ling or you	r Clann,	enclose a stampen, sen-	ILED JAN 11 2007
Date	Sign and print the name and title if any, of t	the creditor	r or other	er nerson authorized to	LED JAIN -
	file this claim (attach copy of power of attor	rney, if any	/)	poroon admirer	USA CMC
1-8-07	Pauloster				IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	1 auxioner				1072502082

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
USA COMMERICAL MONTGAGE COMPANY	06-10	0725 (LBR)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address OVCH ASSOCIATES, THE DEFINED PROSICE PLHA	·	your claim Attach copy of statement giving particulars	ı.	
LIO WILLIAM J. OVER, JR., TRUSTEE		Check box if you have never received any notices	3	
16872 BARNUA LANG		from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A
HUMTINGTON BEACH CA 92649		Check box if this address	ONE OF THE DEE	EST IN A BORROWER THAT IS NOT STORS
		differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (7/4 \$40-6667 Last four digits of account or other number by which creditor identifies of	dobtor	court	THIS SPAC	E IS FOR COURT USE ONLY
Caleur ID 3918	aeptor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	, ,	salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned		r digits of your SS # compensation for services pe	rformed from	to
See ATTACKLE	<u> </u>	OUDT HID CHENT DATE O		(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE On the your claim and state the amount of the state the amount of the state the state of		ne time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 5 c a ATTHEWS Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if yo	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	П
Check this box if you have an unsecured claim all or part of which is		Real Estate		☐ Other
entitled to priority Amount entitled to priority \$		Value of Collateral	\$	at time ages filed included in
Specify the priority of the claim		secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225 of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s	· _	services for personal family of Taxes or penalties owed to go	or household use 1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	5	Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ S.C. ATTHE SAS \$		\$		\$
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim. Attach ite	(priority) mized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the co	dited and o uments, si agreement	deducted for the purpose of much as promissory notes pure and evidence of perfection	naking this proof of chase orders involved of lien DO NO	of claim
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships of		•		USE ONLY
governmental units) BY MALL TO		OR OVERNIGHT DELIVERY TO		- DEC 07 2006
BMC Group Attn USACM Claims Docketing Center		ACM Claims Docketing Cente	, FILL	ED DEC 07 2006
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue do CA 90245		
DATE SIGN and print the name and title if any of the	e creditor o			
this claim (attach copy of power of attorn		WILLIAM J OVER,	Tu T	
	ag i de	W/ECIAMO CVOT	-TL, IRUSTA	USA CMC

FORM B10 (Official Form 10) (10/05) -gwz Doc 8621-3 Entered 07/13/11 14:21:42 Page 4 of 11

UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.		Number 6-10725	PROOF OF CEARIN
NOTF This form should not be used to make a claim for an administ of the case. A request" for payment of an administrative expense ma		_	
Name of Creditor (The person or other entity to whom the debtor owes money or property) PHILLIPS Family Tiluster [17]	givi you	ck box if you are aware that anyone has filed a proof of claim relating to r claim. Attach copy of statement ng particulars	
Name and address where notices should be sent ROBERT G. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	noti case Che add	ck boy if you have never received any ces from the bankruptcy court in this ck box if the address differs from the ress on the envelope sent to you by court.	This Space is for Z. an Use Only
Last four digits of account or other number by which creditor identifies debtor 6630		ck here replaces us claim amends a previously file	d claim dated
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	CURED	Last four digits of your SS #t Unpaid compensation for serv	tion (fill out below) ces performed
2. Date debt was incurred: JAN 1, 2005	13.	(date) If court judgment, date obtained:	(date)
TO APRIL 12, 2006		in tour Judgment, and observed	•
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 25,06/ Check this Lox if a) there is no collateral or lien securing your by your claim exceeds the value of the property securing it, or if c) roully part of your claim is entitled to priority	r claım, or	Secured Claim	secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of we entitled to priority	hich is	☐ Real Estate ☐ Motor \ Value of Collateral \$ Amount of arrearage and other chargesecured claim, if any: \$	/ehicle Other
Amount entitled to priority \$	_		
Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(I)(A) or (a)(1)(B)	r	Up to \$2,225* of deposits toward purior services for personal, family, or hot § 507(a)(7)	ischold use - 11 U S C
☐ Wages, salaries, or commissions (up to \$10,000),* carned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	180 □ xr's □ *An	Taxes or penalties owed to government Other - Specify applicable paragraph of sounts are subject to adjustment on 4/1, with respect to cases commenced on o	of 11 USC § 507(a)() 707 and every 3 years thereafter
5. Total Amount of Claim at Time Case Filed;		25,011	35.061
☐ Check this box if claim includes interest or other charges in add interest or additional charges.	_	(secured) (secured)	Cotal)
6. Credits The amount of all payments on this claim has been	credited a	nd deducted for the purpose of	THIS SINCE IS HOR COURT US OVER
making this proof of claim. 7 Supporting Documents. Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien DO NOT SENI documents are not available, explain If the documents are voluin. 8. Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.	cts, court j D ORIGIN ninous att	is promissory notes, purchase udgments, mortgages, security IAL DOCUMENTS If the ach a summary	
Date Sign and print the name and title, if any, of the		or other verson authorized to BAR # 1980 FILL	ED DEC 1 1 2006

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.

USA CMC 1072501651

Case 06-10725-gwz Doc 8621-3 Entered 07/13/11 14:21:42 Page 5 of 11 FORM B10 (Official Form 10) (10/05) DISTRICT OF NEVADA UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 ☐ Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property) your claim. Attach copy of statement HANS J. Prakelt giving particulars ☐ Check box if you have never received any Name and address where notices should be sert
ROBERT C. LEPOME
10/20 S. EASTERN # 200 notices from the bankruptcy court in this Check box if the address differs from the HENDERSON, NV 89052 Telephone number (702) 492-1271 address on the envelope sent to you by THE SPACE IS FUR COME USE ONLY the court. Check here I replaces Last four digits of account or other number by which creditor of this claim amends a previously filed claim, dated. 80 identifies debtor Retiree benefits as defined in 11 USC § 1114(a) Rasis for Claum GENERAL UNSECURED [Wages, salaries, and compensation (fill out below) Goods sold CHAIM-CLASS 4 Last four digits of your SS # Services performed Unpaid compensation for services performed ☐ Money loaned Personal injury/wrongful death П to from Taxes (date) (date) NEGLICENCE + FRAUD **(2)** Other -If court judgment, date obtained Date debt was incurred. JAN 1, 2005 3. APRIL 12, 2006 70 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claum 5 55, 375 Check this box if your claim is secured by collateral (including Check this box if. a) there is no collateral or hen securing your claim, or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other-Unsecured Priority Clasm Value of Collateral S____ Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at tune case filed included in entitled to priority secured claim, if any \$__ Amount entitled to priority S_ Up to \$2,225* of deposits toward purchase, lease or rental of Specify the priority of the claim or services for personal, family, or household use - 11 U S C ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)Taxes or penalties owed to governmental units - 11 U.S.C § 507(a)(8) ☐ Wages, salaries, or commissions (up to \$10 000),* earned within 180 Other - Specify applicable paragraph of 11 USC § 507(a)(_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounis are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) \$55,378 55,3 Total Amount of Claim at Time Case Filed. (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges The amount of all payments on this claim has been credited and deducted for the purpose of Credits: THIS SPACE IS FOR COURT USE ONLY making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FILED DEC 0 6 2006 documents are not available, explain. If the documents are voluminous attach a summary Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-

addressed envelope and copy of this proof of claim Sign and print the name and title, if any of the creditor in other person authorized to

12-04-06

Date

file this claim (ansel copy of hower of attorie, if any). BAD-# 1980 C. LEPONE, ATTY FOR CLAIMANT

UNITED STATES BANKRUPTCY COURT PI DISTRICT OF NEVADA	ROOF OF CLAIM
Name of Debtor Case	Number .
USA Commercial Mortgage Co. 00	0-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
ansing after the commencement of the case. A "request" for payment of an	aware that anyone else has filed a proof of claim relating to
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address	your claim Attach copy of statement giving particulars
Dennis RAGGI PO Box 10475	Theck box if you have never received any notices from the bankruptcy court or BMC Group in this case. DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
	Check box if this address
Zeenya Cove, Wevada 89448-2475	differs from the address on the envelope sent to you by the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number () 775 901 1357 Last four digits of account or other number by which creditor identifies debtor	court THIS SPACE IS FOR COURT USE ONLY
	Check here replaces or a previously filed claim dated amends
	e benefits as defined in 11 U S C § 1114(a) 🔀 Unremitted principal
☐ Services performed ☐ Taxes ☐ Last for	s, salaries and compensation (fill out below) Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly) Unpai	d compensation for services performed from to
	(date) (date) COURT JUDGMENT, DATE OBTAINED
10 30 CF	scribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations.	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ \(\frac{1}{2} \) \(\frac{1}{2} \) Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	a right of setoff)
UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any: \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase lease, or rental of property or
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business, whichever is earlier 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5. TOTAL AMOUNT OF CLAIM \$ \\O\451\\ 5\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	\$\$\$ JOHS 124
AT TIME CASE FILED (unsecured)	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemized statement of all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages security agreeme DOCUMENTS If the documents are not available explain. If the document	such as promissory notes, purchase orders invoices itemized statements of nts, and evidence of perfection of lien DO NOT SEND ORIGINAL is are volumnous, attach a summary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing or proof of claim	
The original of this completed proof of claim form must be sent by mai	or hand delivered (FAXES NO* THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat	ing Pacific time, on November 13, 2006 USE ONLY
governmental units)	D OR OVERNIGHT DELIVERY TO
BMC Group BMC G	
P O Box 911 / 1330 Ea	st Franklin Avenue FIFD JAN 6 8 2007
DATE SIGN and print the name and title, if any of the creditor	or other person authorized to file
12-29-2006 this claim (attach copy of power of attorney if any	A TOTAL MANIFESTER OF THE
Wenn's	KAGG USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up t	0 5 years or both 18 U S C §§ 152 AND 3571

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FORM B10 (Official Form 10) (10/05)						
United States Bankruptcy Court	DISTRICT OF Nevada	PROOF OF CLAIM				
Name of Debtor	Case Number	I NOO! O! OLAW				
USA Commercial Mostance Comp	m/ 06-10725-LBR					
NOTE This form should not be used to make a claim for an admit	nistrative expense arising after the commencement					
of the case A request" for payment of an administrative expense i	nay be filed pursuant to 11 USC. § 503					
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone					
debtor owes money or property)	else has filed a proof of claim relating to your claim. Attach copy of statement					
Dennis Racci, a married men dealing with his sole a seprente property Name and address where notices should be sent	giving particulars					
Name and address where notices should be sent	Check box if you have never received any					
Dennis RAGGI	notices from the bankruptcy court in this case	1				
PO Box 10475, ZERMYR COUR, NV 89448	Check box if the address differs from the					
Telephone number 775- 901- 1357	address on the envelope sent to you by the court.	THIS SPACE IS HOR COURT USE ONLY				
Last four digits of account or other number by which creditor	Check here X replaces	19-28-0/0				
identifies debtor	of this claim amends a previously filed of	claim dated 12 2100				
1 Basis for Claim	Retiree benefits as defined in [1]					
Goods sold Services performed	Wages salaries, and compensation Last four digits of your SS #	n (fill out below)				
Money loaned	Unpaid compensation for service	s performed				
Personal injury/wrongful death	fromto_					
Taxes Sce Exhibit A	(date)	(date)				
2. Date debt was incurred	3. If court judgment, date obtained:					
November 2003						
4 Classification of Claim Check the appropriate box or boxes	that best describe your claim and state the amount of	the claim at the time case filed				
See reverse side for important explanations Unsecured Nonpriority Claim \$ 2,442,034 35	Secured Claim					
Check this box if a) there is no collateral or lien securing yo	Check this box if your claim is se	cured by collateral (including				
b) your claim exceeds the value of the property securing it or if c	our claim, or a right of setoff) none or	•				
only part of your claim is entitled to priority	Brief Description of Collateral	. [
Unsecured Priority Claim	Real Estate Motor Vel					
Check this box if you have an unsecured claim all or part of entitled to priority	witch is					
Amount entitled to priority \$	Amount of arrearage and other charges secured claim if any \$ 36,898	at time case fried included in				
Specify the priority of the claim						
or services for personal family, or household use - 11 U.S C						
(a)(1)(B)						
Wages salaries, or commissions (up to \$10 000),* earned with	Taxes or penalties owed to governmental					
days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U S C § 507(a)(4)	stor,8 [] Other - Phecity applicable batafabil of					
Contributions to an employee benefit plan - 11 U S C. § 5070	*Amounts are subject to adjustment on 4/1/07 a)(5) with respect to cases commenced on or a	ana every 3 years thereafter fter the date of adjustment				
5 Total Amount of Claim at Time Case Filed	\$ 2,442,034 3× 2,442,03435	2,442,034 35				
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6. Credits: The amount of all payments on this claim has been	reduted and deducted for the nursuan of	C				
making this proof of claim		S SPACE IS FOR COURT USE ONLY				
7 Supporting Documents Attach copies of supporting documents	nents, such as promissory notes, purchase					
orders invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien DO NOT SEN	acts, court judgments, mortgages, security					
documents are not available explain. If the documents are volu	Immous, attach a summary	- 05				
8. Date-Stamped Copy: To receive an acknowledgment of the fi	iling of your claim, enclose a stamped, self-	INN 1 2 200/				
addressed envelope and copy of this proof of claim	FLED	JAN 1 2 2007				
file tins claim (attach copy of power of atto						
1/8/2007						
1 20 V V (SQ)		1				
Penulty for presenting fraudulent claim. Free of up to \$500,000 or	r imprisonment for up to 5 years, or both 18 U	USA CMC				
		1072502226				

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLA	IM		
Name of Debtor	Case Nu	ımber			
USA Commercial Martgage Co.	06	-10725-L	BR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else I filed a proof of claim rela	has ating to		
Name of Creditor and Address		your claim Attach copy statement giving particul			
Reberca A Rospis Trustee	11	Check box if you ha	ave		
Rebecca A Rogers Trust dated	1/18/96	never received any notice from the bankruptcy could be a supported by the support of the support	ces art or DO NO		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
2309 Serva Heights DR		Check box if this ad	ldress	F THE DE	
Las Vegas, W/ 89134		differs from the address envelope sent to you by court	the Bankru	ptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (702) 840794 Last four digits of account or other number by which creditor identifies of	debter	Court	TH	IIS SPAC	E IS FOR COURT USE ONLY
ChentID = 3093 AcctID = 3667		Check here	replaces or a p amends	previously	filed claim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 1	1 U S C § 11	14(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensa	ation (fill out b	elow)	Other claims against service
☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)		r digits of your SS#			(not for loan balances)
Money loaned Q Other (describe briefly)	Unpaid o	compensation for service	ces performed	from	to (date) (date)
2 DATE DEBT WAS INCURRED De sembor 2003	3 IF C	OURT JUDGMENT, DA	ATE OBTAIN	ED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descr	ibe your claim and state th	ne amount of the	e claim at t	he time case filed
See reverse side for important explanations LINSECLIRED NONPRIORITY CLAIM \$ 274 Hz 5 56		SECURED CLAI			
UNSECURED NONPRIORITY CLAIM \$ 274, 442 59 Check this box if a) there is no collateral or lien securing your claim or b)	your claım			n is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	ur claım ıs	a right of set	off) tion of collater	-ai	
UNSECURED PRIORITY CLAIM			ate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Coll			
Amount entitled to priority \$		i			nown
Specify the priority of the claim		secured claim if		charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225 of depos	its toward purch	ase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal fa	amily or housel	nold use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owe Other - Specify applical	=		* ''
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L-				g 507(a) () ad every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 274 447 59 \$	3	with respect to cases co			
TOTAL AMOUNT OF CLAIM \$ 174, 1442, 579 \$ (unsecured)	2744	42.59 \$secured)	/ prom	5.1	\$ 274442 59
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Atta		atement o	-
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security a DOCUMENTS of the documents are not available explain. If the documents are not available explain.	igreement	s and evidence of perf	fection of lien	rders inv	orces itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the			•	ddressed	envelope and copy of this
proof of claim	·g - · ,		pou 0011 u	uu. 0000u	onvoiced and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm,					THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, c	orporatio	ns, joint ventures tru	sts and	13,747	D JAN L 0 2007
governmental units) BY MAIL TO		OR OVERNIGHT DELIVE	RY TO	KEU	U Jmi
BMC Group	BMC Gro			en er	IANI 4 M ORAS
P O Box 911	1330 Eas	t Franklin Avenue	- 3.1.5.	TILLU	JAN 1 0 2007
DATE SIGN and print the name and title if any of the		do CA 90245 r other person author;zed t	to file		USA CMC
this glarm (attach copy of power of atto)n	ney ifany)	1 1	E-Carriero	i I	

	Case	-06-10/25-gwz - Doc 86	21-3-En	tered 07/13/11 14:2	1:42 Pag	<u>e 9 of 11 </u>
	* .		PR	OOF OF CLAIM		
Na	me of Debtor		Case N	umher		
1		1011 de 10				
		ial Mortgage Compan	y BK.	·5-06-10725 LBR		
NO'	TE See Reverse for List form should not be used	of Debtors and Case Numbers to make a claim for an administrative	a aynansa	Check box if you are		
ans	ing after the commencem	nent of the case A "request" for payn	nent of an	aware that anyone else has		
	me of Creditor and	be filed pursuant to 11 USC § 503		filed a proof of claim relating to your claim. Attach copy of		
Ma	me of Creditor and	Address	01405	statement giving particulars		
	RENO AERO	DNAUTICAL CORPORATION	01495	Check box if you have		
	DEFINED BE	NEFIT RETIREMENT PLAN		never received any notices from the bankruptcy court or	DO NOT FILE TH	118 PROOF OF CLAIM FOR A
l	C/O RICHAR PO BOX 140	RD R TRACY TRUSTEE		BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NOT
		TY NV 89702-1404		Check box if this address differs from the address on the		ready filed a proof of claim with the
L				envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
		075 883-8410		court	THIS SPAC	E IS FOR COURT USE ONLY
Las	t four digits of account or	other number by which creditor identi	ifies debtor:	Check here replain or american	a previously	y filed claim dated
1 B	ASIS FOR CLAIM		Retiree	benefits as defined in 11 U S		Unremitted principal
	Goods sold	Personal injury/wrongful death		salanes, and compensation (_ ' '
	Services performed	☐ Taxes		r digits of your SS #	illi out b olow)	Other claims against service (not for loan balances)
	Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to
2 D	ATE DEBT WAS INCUR	001.144701		OURT JUDGMENT, DATE O		(date) (date)
	LASSIFICATION OF CL		s that best descr	ribe your claim and state the amor	unt of the claim at	he time case filed
1		ry claim \$ 228, 36/, L	2	SECURED CLAIM		
	Check this box if a) there is	no colleteral or lien securing your claim.	or b) your claim		our daim is secu	red by collateral (including
	exceeds the value of the pre entitled to priority	operty securing it, or if c) none or only part	of your claim is	a right of setoff)		
UNS	SECURED PRIORITY CL	AIM		Brief description of	_	- Ou lea
	Check this box if you have a entitled to priority	an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other Guarantees
	Amount entitled to priority	\$		Value of Collateral	\$	at time and a float to do do
	Specify the pnority of the cla	aim		secured claim, if any	10 Other Charges	at time case filed included in
	· · · · · · · · · · · · · · · · · · ·	ns under 11 U S C § 507(a)(1)(A) or (a)(1)	(B)	Up to \$2 225* of deposits towa		
П	Wages salaries or commis	ssions (up to \$10 000)* earned within 180	days	services for personal family o	r household use -1	1 U S C § 507(a)(7)
	business whichever is earli	cy petition or cessation of the debtor's ier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
		ee benefit plan - 11 U S C § 507(a)(5)	L	Other Specify applicable para		
				* Amounts are subject to adjust with respect to cases commen	unent on 4/1/07 at ced on or afte r the	id every 3 years thereafter date of adjustment
	OTAL AMOUNT OF CLA AT TIME CASE FILED	M \$ 228,301.12	\$ 228,3	61.12 \$		\$228,361.12
	/	(unsecured)	•	secured)	(pnority)	(Total)
N	Check this box if claim inclu	ides interest or other charges in addition	to the principal	amount of the claim Attach iter	nized statement o	f all interest or additional charges
6 C 7 S	REDITS The amount of UPPORTING DOCUM	f all payments on this claim has been IENTS <u>Attach copies of supporting</u>	credited and d	leducted for the purpose of m	aking this proof	of claim
, "	ui ii ii iy accourita, cortii ac	ts, court judgments, mortgages, secu uments are not available, explain If t	MV agreement	8. And evidence of perfection.	often DO NO	T SEND ORIGINAL
8 D	ATE-STAMPED COPY	Y To receive an acknowledgment of	of the filing of y	our claim enclose a stamped	l, self-addressed	envelope and copy of this
T	he onginal of this comp	pleted proof of claim form must be	sent by mail o	or hand delivered (FAXES N	OT	THIS SPACE FOR COURT
f	CCEPTED) so that it is or each person or entity	actually received on or before 5 00 (including individuals, partnership	pm. prevailio	a Pacific time, on Novembe	r 13 2006	USE ONLY
i A	overnmental units) Y MAIL TO IMC Group		BY HAND	OR OVERNIGHT DELIVERY TO		
A	ittn USACM Claims Dock	keting Center	BMC Gro	up CM Claims Docketing Center		
P	O Box 911		1330 Eas	t Franklin Avenue	TII E	JAN 1 2 2007
DAT	I Segundo, CA 90245-09			do, CA 90245		U UMIT I II III II
4	mary 11,2007	this claim (attach copy of power of	attomey if any)	Richard R Tro	7047	
	wary 11, 2007	SIGN and print the name and title if any this claim (attach copy of power of a	- Tru	stee Reno Acro nout	Ea O Caro	USA CMC
Dana	the for proportion for the	elem in a firm of the A case and				# # # # # # # # # # # # # # # # # #

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS		
Indine of Bestor		nber	Schedule/Claım ID s32342			
		06-10725-LBR		ation cured		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A 'request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address RICHARD N KRUPP 101 STATE PL STE I ESCONDIDO CA 92029 1365	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or I filed If you have alm	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again		
Creditor Telephone Number ()		court	THIS SPAC	CE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	. a previously	y filed claim dated		
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal		
Goods sold Personal injury/wrongful death Services performed Taxes		alaries and compensation	(fill out below)	Other claims against servicer (not for loan balances)		
☐ Money loaned ☐ Other (describe briefly)		digits of your SS # ompensation for services pe	erformed from	to		
2000				(date) (date)		
2 DATE DEBT WAS INCURRED AND Check the appropriate box or boxes that	hest describe	OURT JUDGMENT, DATE O	DBTAINED nt of the claim at th	e time case filed		
See reverse side for important explanations	de	SECURED CLAIM	nt or the oldin at th	o unio odoo inod		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the properly securing it or if c) none or only part of you entitled to priority	your claim ur claim is	•		ured by collateral (including		
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Other		
entitled to priority		Value of Collateral	\$			
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage a secured claim if any		s <u>at time case filed</u> included in		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days		Up to \$2 225* of deposits towa services for personal family of				
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		•,		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para * Amounts are subject to adjust				
E TOTAL ANGUNITOE CLAIM OF EACH 12 22	0 A A	with respect to cases commen		date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ 50, 167, 22 \$ (unsecured)	•	ecured)	(pnority)	\$ 250,000—		
Check this box if claim includes interest or other charges in addition to the						
6 CREDITS The amount of all payments on this claim has been credit supporting DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain.	<i>uments,</i> suc agreement	ch as promissory notes pur s and evidence of perfectio	chase orders in n of lien DO No	voices itemized statements of		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of yo	our claim enclose a stampe	ed self addresse	d envelope and copy of this		
The original of this completed proof of claim form must be sen ACCEPTED)	nt by mail c	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY		
BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO	1			
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center	er Els Fla	HIN A A PAAT		
P O Box 911 El Segundo CA 90245 0911		Franklın Avenue o CA 90245	FILED .	UN 0 4 2007 USA CMC		
SIGN and print the name and title if any of the this claim (attack copy of power of attorn	e creditor or oney if any)	0 1	brun	1072502496		

FORM B10 (Official Form 10) (10/05)						
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM			
Name of Debtor	Case Num					
USA COMMERCIAL MORTGAGE COMPANY	06-10	725				
NOTE This form should not be used to make a claim for an administrative case \(\xi \) request for payment of an administrative expense may be filed to						
Name of Creditor (The person or other entity to whom the		oox if you are aware that anyone				
debtor owes money or property)		s filed a proof of claim relating claim. Attach copy of statement	ľ			
ROBERTA KEHL and TINA M. KEHL		particulars	1			
Name & address where notices should be sent		box if you have never received	1			
JANE ^L CHUBB, ESQ		ices from the bankruptcy court				
JONES VARGAS	in this c	· · · · · ·				
P O BOX 281 Reno NV 89504-0281	1	box if the address differs from ress on the envelope sent to you				
Telephone number 775-786-5000	by the		THIS SPACE I OR COURT USE ONLY			
Last four digits of account or other number by which creditor		e 🗆 replaces				
identifies debtor 500953 5		n □ amends a previously filed o	claim, dated			
1 BASIS FOR CLAIM		Retiree benefits as defined in 11 U				
□ Goods sold		/ages, salaries, and compensation	(fill out below)			
☐ Services performed		ast four digits of your SS #				
□ Money loaned	Ţ	Inpaid compensation for services	s performed from			
☐ Personal mjury/wrongful death	£	ham to	1			
☐ [axes ■ Other DEBTOR'S BREACHES (see adversary complain	1) 1†)	rom to	(date)			
2 Date debt was incurred		ourt judgment, date obtained	(date)			
2003-2005		our c Juagnienc, ance openinea				
4 Classification of Claim. Check the appropriate box or boxes	that hest desi	ribe your claim and state the am	ount of the claim at the time case			
filed See reverse side for important explanations	mai best des		out of the claim at the true case			
Unsecured Nonpriority Claim \$ 1,896,046,24 + accrued intere	st less any	Secured Claim.				
postpetition payments received	1_	☐ Check this box if your cla (including a right of set	_			
☐ Check this box if a) there is no collateral or lien securing you	ur claim or	Brief description of colla				
b) your claim exceeds the value of the property securing it, or if d	l) none or		r Vehicle D Other			
only part of your claim is entitled to priority		Value of Collateral \$				
Unsecured Priority Claim		Amount of arrearage and other	,			
Check this box if you have an unsecured claim, all or part of which is entitled to priority included in secured claim, if any						
Amount entitled to priority \$						
Specify the priority of the claim	□ Uj	p to \$2,225* of deposits toward property or services for personal, f	ourchase, lease or rental of			
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or) (a)(1)(B) U	S C § 507(a)(7)	amily or household use - 11			
		xes or penalties owed to governm	nental units 11 USC §			
☐ Wage's, salaries, or commissions (up to \$10 000),* earned within 180 day: before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 U S C § 507(a)(4) ☐ OTHER - Specify applicable paragraph of 11 U S C § 507(a) ()						
☐ Contributions to an employee benefit plan - 11 USC § 507(a)(4) *Amounts are subject to adjustment on 4/1/98 and every3 years thereafter with respect to cases commenced on or after the date of adjustment						
	6,046 24 +/- nsecured)	\$ (secured) \$ (pne	S (Total)			
☐ Check this box if claim includes interest or other charges in ac interest or additional charges	ldition to the	principal amount of the claim. A	Attach itemized statement of all			
6 Credits The amount of all payments on this claim has been cr	edited and de	educted for the purpose of makin	g THIS SPACE IS FOR COURT USE ONLY			
this proof of claim. SEE ABOVE	ite enab oo	compressington muchose and	USA CMC			
7 Supporting documents Attach copies of supporting documents invoices, itemized statements of running accounts, contracts, cour						
and evidence of perfection of hen DO NOTSEND ORIGINAL DOCUMENTS. If the documents are not						
available explain If the documents are voluminous, attach a sun	ımary		FILED DEC 0 9 2000			
8 Date-Stamped copy To receive an acknowledgment of the fil	ing of your c	laım, enclose a stamped, self-	I ILLU DE O O FOOT			
addressed envelope and a copy of this proof of claim Date Sign and print the name and title, if any, of the c	reditor or oth	ner person authorized to file this				
Charm (attach copy of power of attorney, if any)						